

Name in Full		John Ellsworth Best				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Age	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Exhaustion		How long		
		Immediate		"		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
		Accident or Suicide?		Address		Address		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roseau</i> ^{Town} <i>Brinklow</i>		<i>Billows</i> ^{County} <i>Montgomery</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>Aug</i>	Day <i>24</i>	Age <i>7</i>	Years <i>7</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Brinklow</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Singleton H. Billows</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Sarah A. Aukward</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Singleton H. Billows</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Neurasmus</i>	How long <i>about 7 months</i>
Immediate <i>Hot weather</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. Farguson M.D.</i>
	Address <i>Olney, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Olney</i> ^{Town}		<i>Boose</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug.</i>	Day <i>Tue</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Illegitimate</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Belora Boose</i>				Mother's Birthplace <i>Montg. Co. Md.</i>	
Name of person giving information <i>James Boose</i>				How related to deceased <i>Grandfather</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>Seven days</i>
Immediate <i>Convulsions</i>	How long <i>About 12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farquhar</i>
	Address <i>Olney Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Catharine Louisa Brogden

CERTIFICATE OF DEATH

Died at ^{Town} Oakdale^{County} Montgomery

MARYLAND

Date of death 1906 Aug.

Day 16

Age 96

Months

Days

Sex Female

Color or Race

Colored

Birthplace

Montgomery Md

Occupation

Housewife.

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Husband

J. Osburn Brogden

Father's Name

Lewis Sampson

Father's Birthplace

Mother's Maiden Name

Harriet Sampson

Mother's Birthplace

Name of person giving information

Annie Pumphrey

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Senility

How long

Immediate

Pneumonia

How long

About 3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. Farquhar

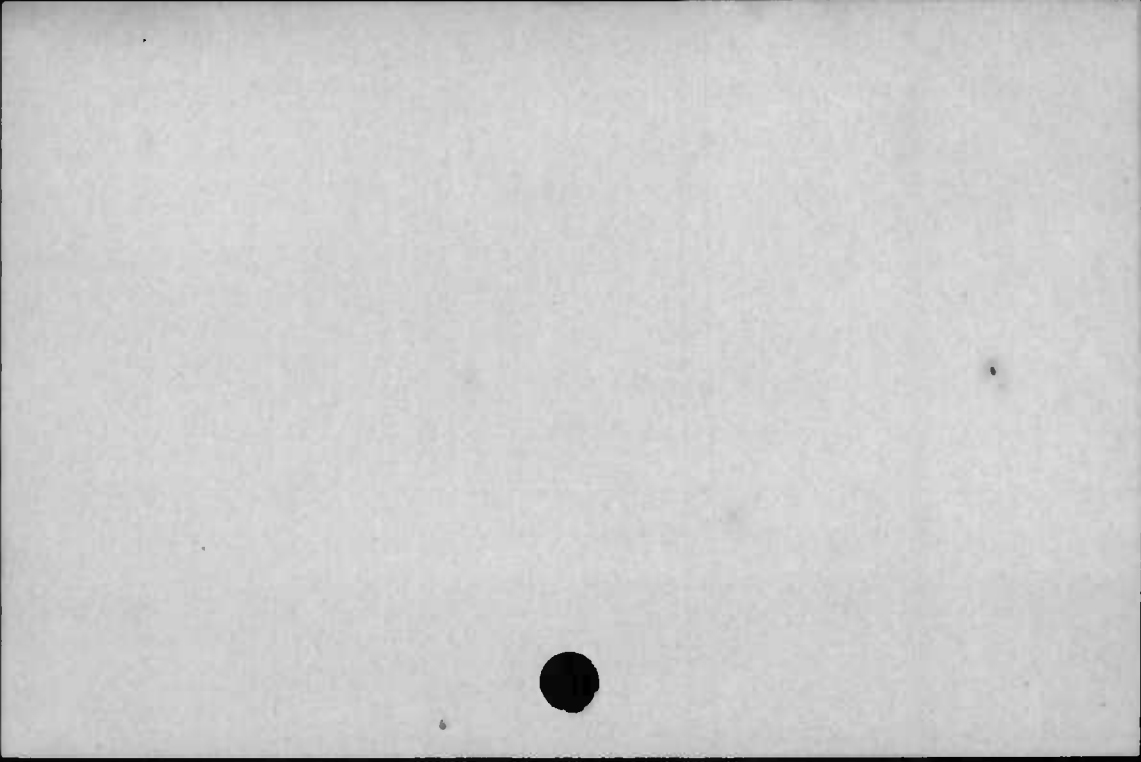
Address

Olney

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

George S Burdette

Town

County

MARYLAND

Died at

Burrmantown

Montg

Date

of death 1906

Month

8

Day

22

Age

Years

0

Months

9

Days

13

Sex

Male

Color or
Race

White

Birth-
place

Burrmantown

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John S Burdette

Father's
Birthplace

Md

Mother's
Maiden Name

Maggie M King

Mother's
Birthplace

Md

Name of person giving
In formation

Maggie Burdette

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cholera Infantum

How long

5 days

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm A Waters

Address

Burrmantown

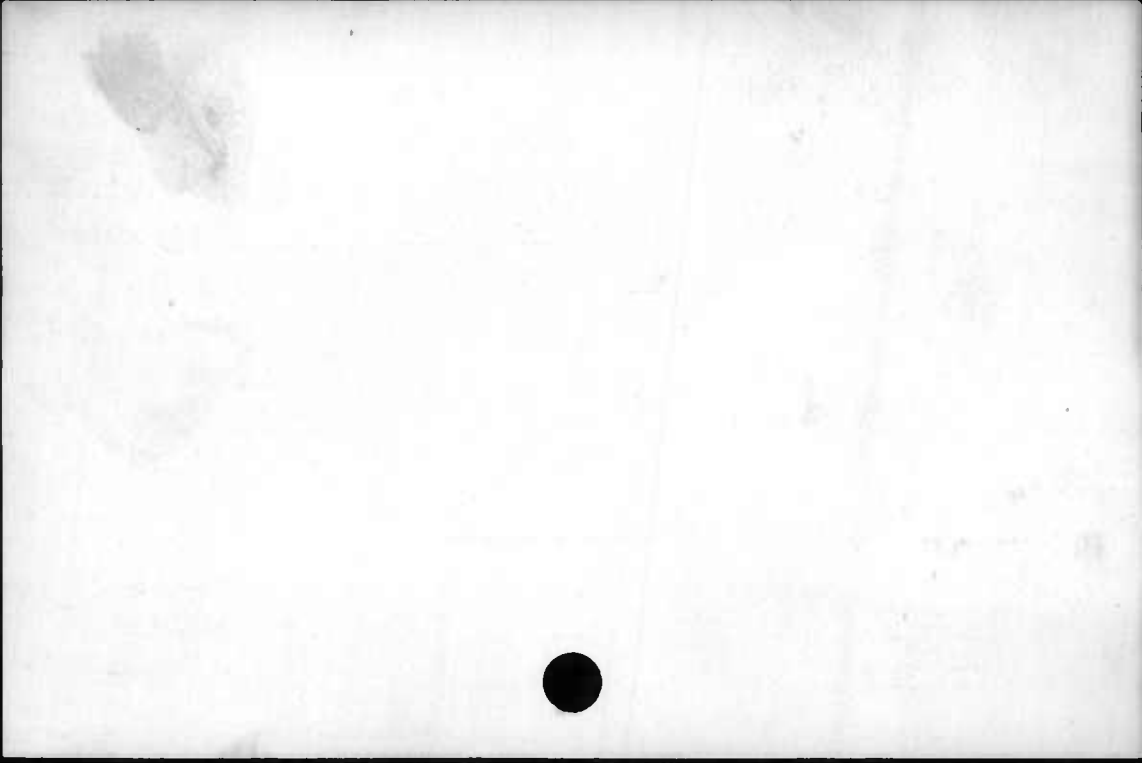
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
Lucia E. Bushby		Town Washington Grove		County Montgomery	
Died at		MARYLAND			
Date of death	1906	Month aug	Day 28	Age 71	Months 11
Sex female	Color or Race white	Birthplace Alexandria, Va			
Occupation Housewife	Where Residing if not at place of death		1137 - 10 St NW Wash DC.		
Married, Single or Widowed	married	Name of Wife or Husband	William Bushby		
Father's Name	Bartholomew Delphay		Father's Birthplace	Wash. D.C.	
Mother's Maiden Name	Sarah Brooks		Mother's Birthplace	Virginia	
Name of person giving In formation	Frank H. Bushby		How related to deceased	son	
CAUSES OF DEATH					
Primary		Arteriosclerosis Myocarditis		How long	5 Weeks
Immediate		Exhaustion		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	E. C. McPherson
				Address	Fairfax County
Accident or Suicide?					



Name
in
Full

James Clark.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Poolesville		County Montg.			
Date of death		1906	Month Aug	Day Thurs	30	Age	78
Sex		Male		Color or Race		Negro	
Occupation		Gardner & farm work		Where Residing if not at place of death		Jerusalem	
Married, Single or Widowed		Married		Name of Wife or Husband		Leanna Clark (Wife)	
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information		N.E. Clarke		How related to deceased		Son	

CAUSES OF DEATH

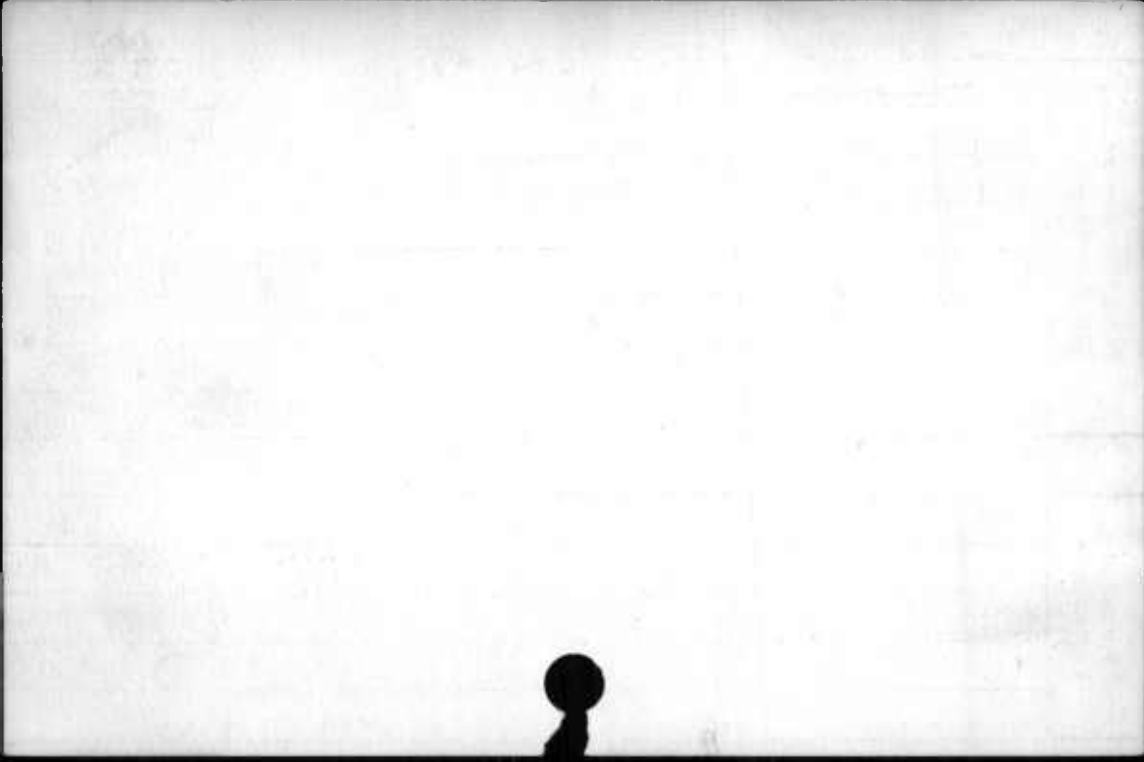
Primary	Organic heart disease	How long
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

B. W. Walling
Poolesville, Md.

Accident or Suicide?



Edward Crommer

Town

County

Died at

Brooksville Montgomery

MARYLAND

Date 1902

Month

Day

Aug. 23

Y.

M.

D.

Age 1/8

Native of

Frederick Co.

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

About 1 year

Death

Immediate

Hemorrhage from the lungs

Accident, Suicide, Homicide

Reported by

Dr. W. F. Green,

Address

Brooksville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Pearl Copeland

CERTIFICATE OF DEATH

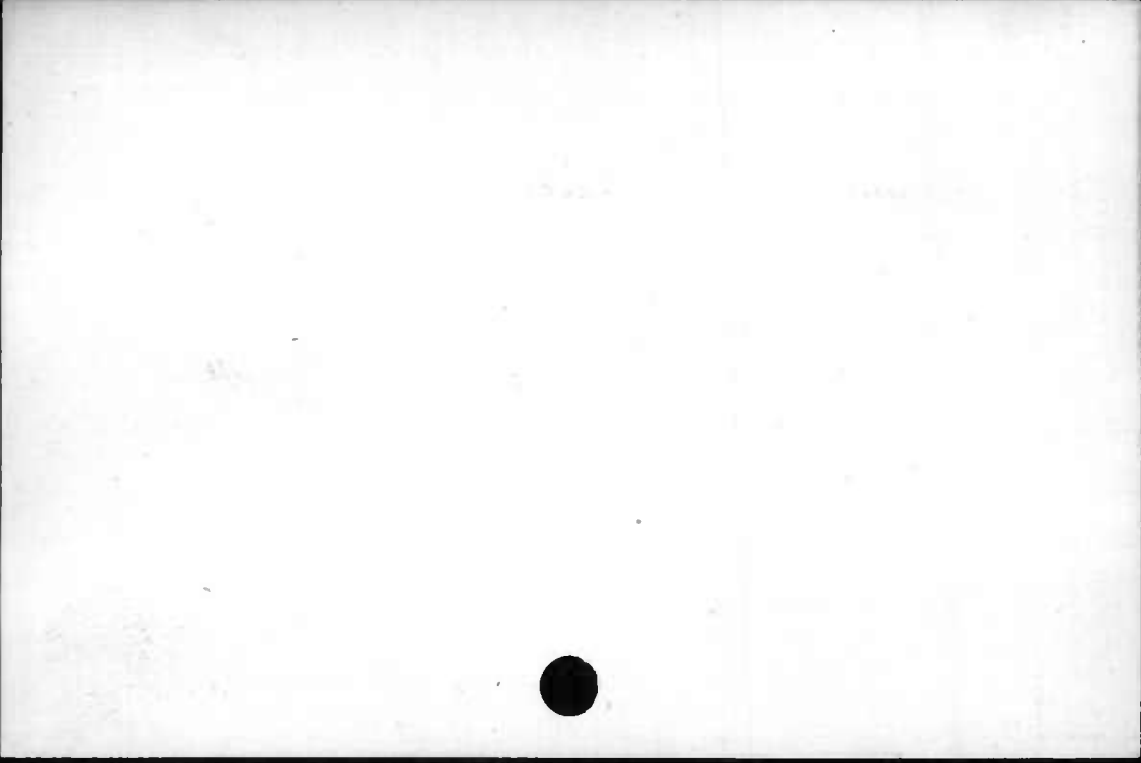
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Damascus</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1906	Month	8	Day	10
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place	<i>Damascus</i>
Occupation		Where Residing if not at place of death			
Married Single or Widowed		Name of Wife or Husband			
Father's Name <i>Nace Copeland</i>		Father's Birthplace <i>Dont Know</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Dont Know</i>			
Name of person giving information <i>Nace Copeland</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Bern. F. Lansdale</i>	
Accident or Suicide?		Address	



Name
in
Full

Mrs Marnie Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Darnassus* TownCounty *Mont-*

MARYLAND

Date
of death *1906*Month
*8*Day
18

Age

Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Montgomery Co*

Occupation

*House Wife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*James E. Day*Father's
Name*William A. Mullinix*Father's
Birthplace*Mont-Co*Mother's
Maiden Name*Elizabeth Bowman*Mother's
Birthplace*Mont-Co*Name of person giving
In formation*Herbert Day*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Unknown

How long

30 days

Immediate

Dysentery

How long

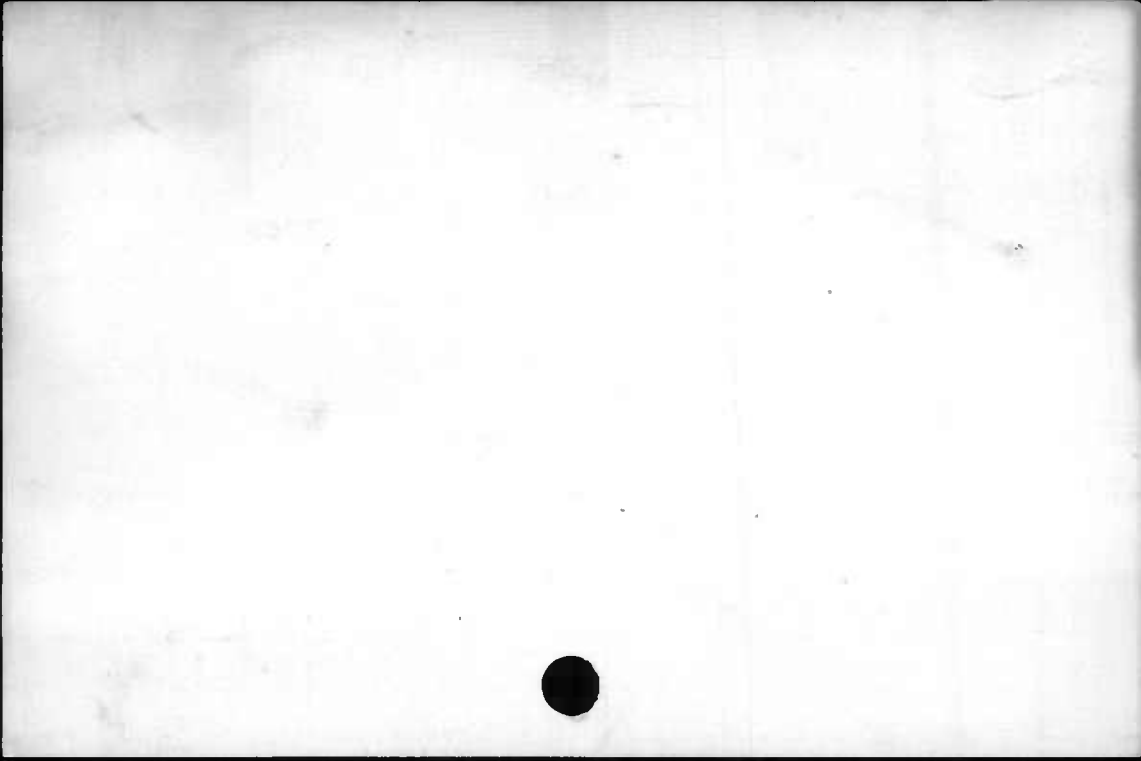
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Bert. H. Lansdale*

Address

Darnassus

Accident or Suicide?

*_____*PHYSICIAN
OR CORONER



Name
in
Full

L. F. Duffin

CERTIFICATE OF DEATH

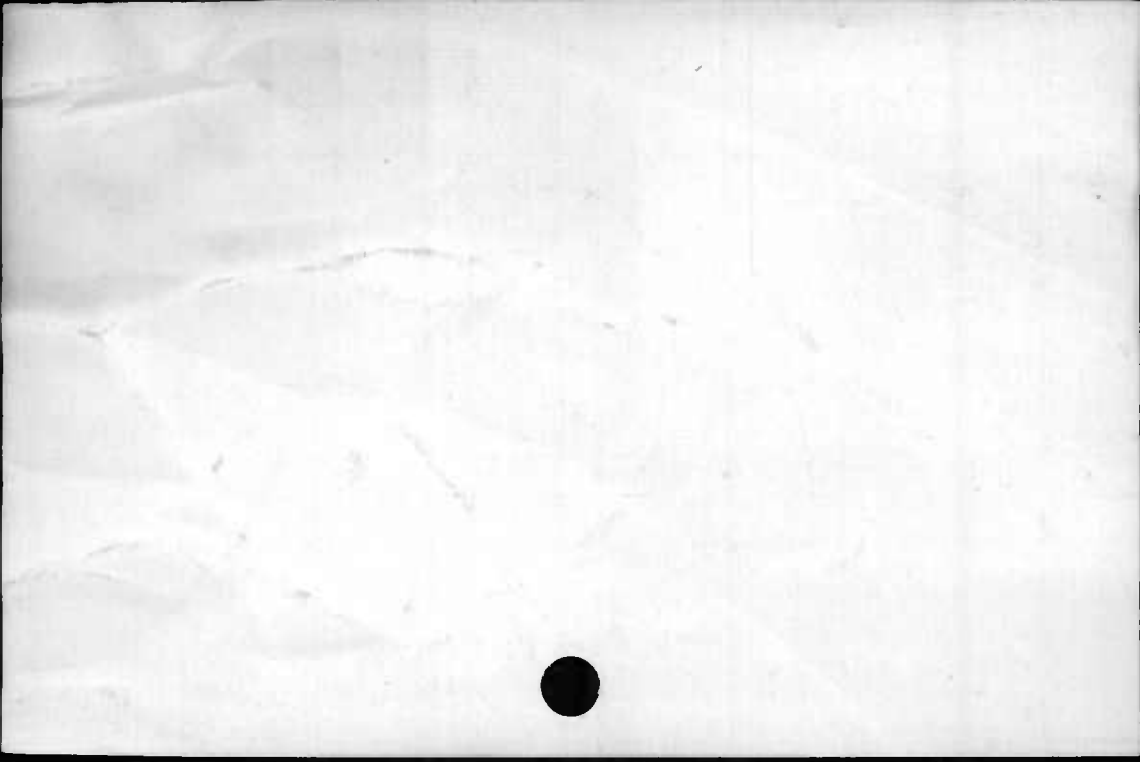
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockville</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	190 <u>6</u>	Month <u>8</u>	Day <u>11</u>	Age <u>—</u> Years	Months <u>7</u> Days <u>9</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place		
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Charles Duffin</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Annie Johnson</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Charles Duffin</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	<u>105</u>	How long <u>One week</u>
Immediate <u>Exhaustion</u>		How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edward Anderson M.D.</u>	Address <u>Rockville, Md.</u>
Accident or Suicide?		



Name in Full

Certificate of Death

George Graham Durbin

Town

County

Died at

Drummond

Montgomery

MARYLAND

Date

1906

Month

Day

August 24th

Age

17 days

Native of

Md

Occupation

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Charles A. Dunn

Mother's

Name

May Dunn

Cause of

Primary

Gastro enteritis Septic

How long sick

10 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Chas. Hovies

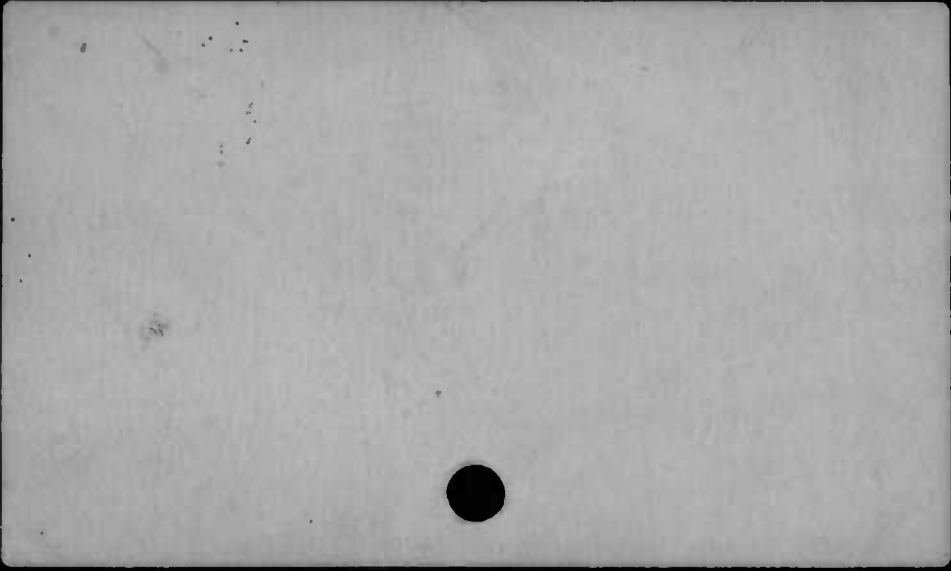
Address

600 M St

Washington D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1908



Name
in
Full

Laurence Fitzwater

CERTIFICATE OF DEATH

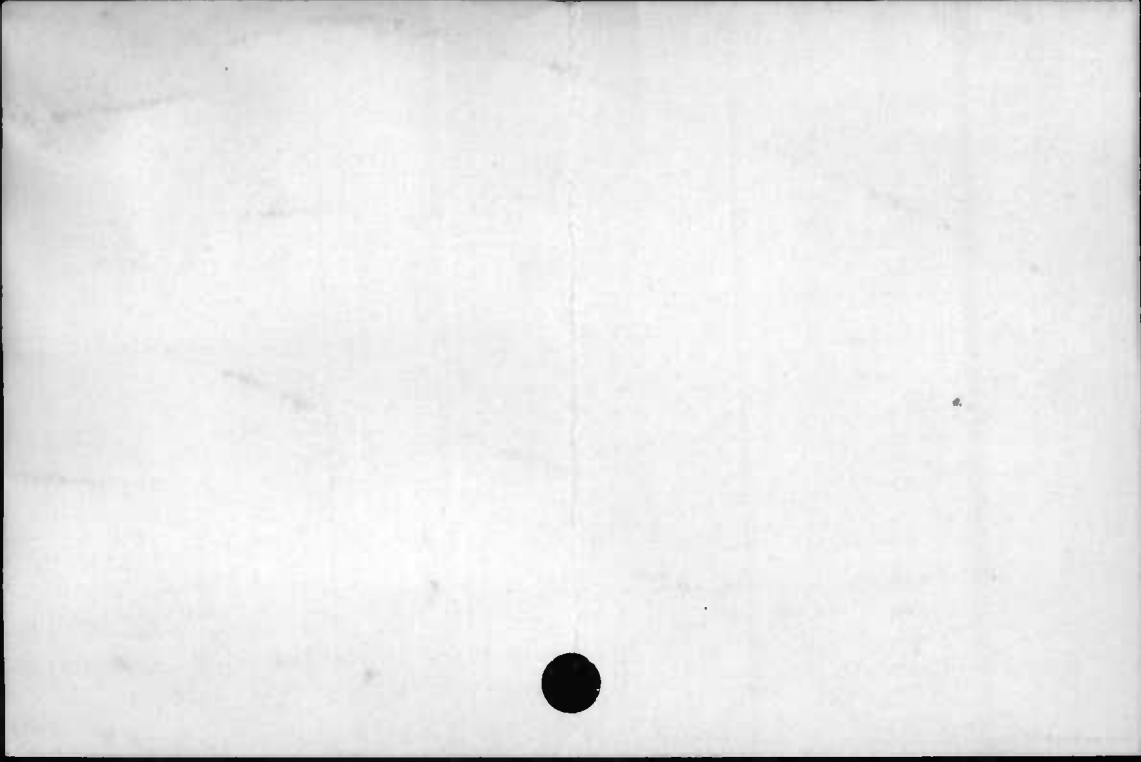
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug.</u>	Day <u>7th.</u>	Age <u>3</u> ^{Years}	Months <u>5</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>D.C.</u>		
Occupation _____			Where Residing if not at place of death <u>Foundling Hospt. Washington D.C.</u>		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Laurence</u>			Father's Birthplace _____		
Mother's Maiden Name <u>"</u>			Mother's Birthplace _____		
Name of person giving information <u>D. G. A. Foote.</u>			How related to deceased _____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malnutrition.</u>	How long <u>3 months</u>
Immediate <u>Gastro Enteritis</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. A. Foote</u>
	Address <u>Foundling Home</u> <u>Bethesda Md.</u>
Accident or Suicide? _____	



Name
in
Full

Ella M. Fox

CERTIFICATE OF DEATH

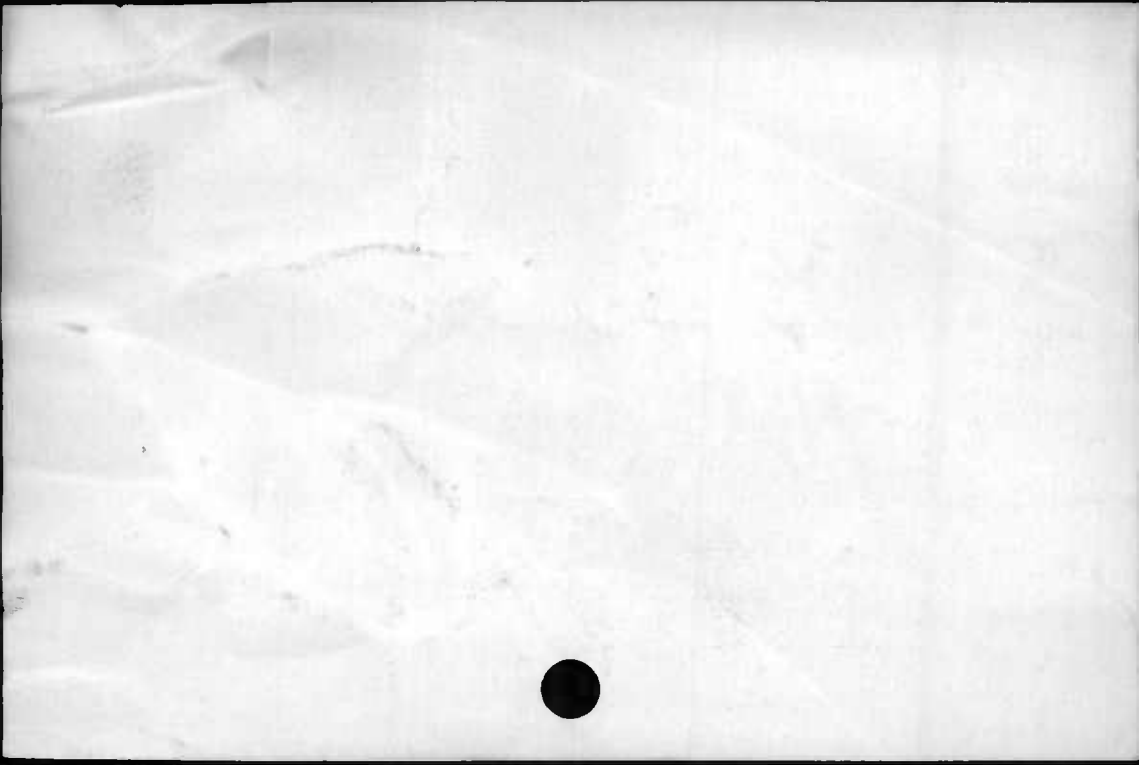
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rockville</i>		Town <i>Montgomery</i>		County		
Date of death <i>1906</i>		Month <i>8</i>	Day <i>6</i>	Year <i>1906</i>	Months <i>7</i>	Days <i>8</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Boston Mass.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Fox</i>				
Father's Name <i>Nathaniel Gray</i>		Father's Birthplace <i>Baden Ger.</i>				
Mother's Maiden Name <i>Mary Ella Boylen</i>		Mother's Birthplace <i>Boston, Mass.</i>				
Name of person giving information <i>Charles Fox</i>		How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of the womb</i>	How long <i>Two years</i>
Immediate <i>Hemorrhage</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

Grover Cleveland Garbrell

CERTIFICATE OF DEATH

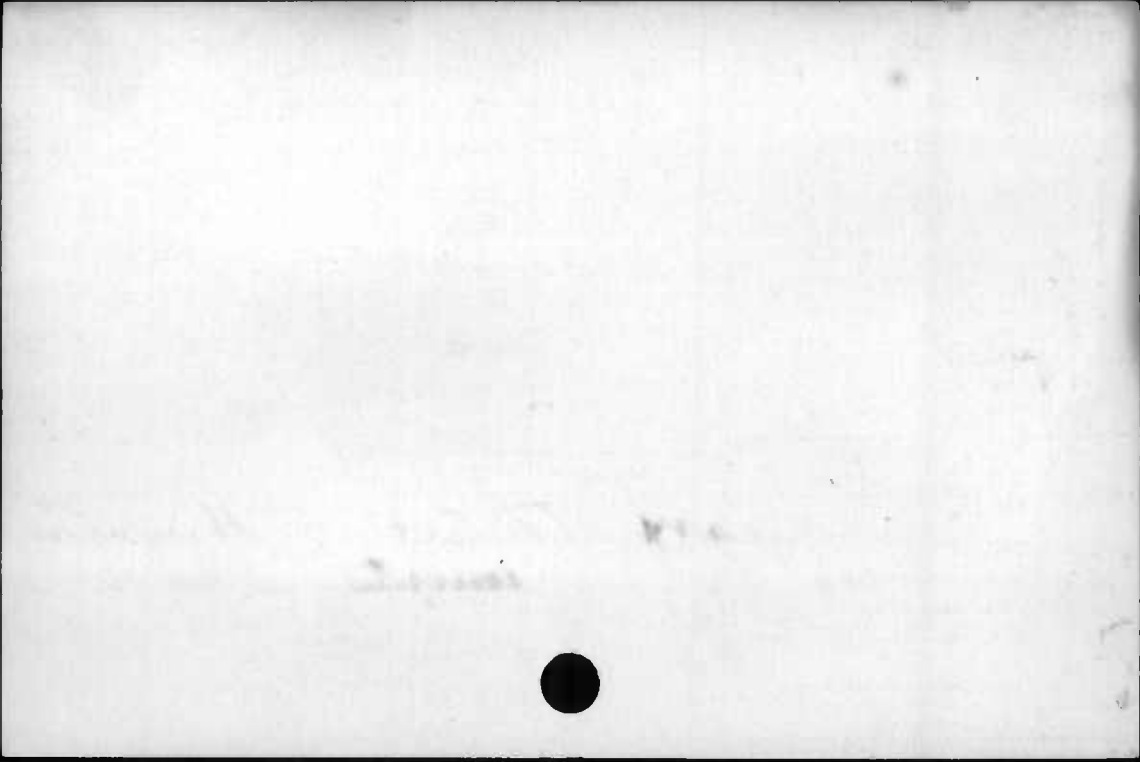
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unity</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1906	Month	Aug	Day	1
Age	21	Years		Months	1
Sex	Male	Color or Race	White	Birth-place	Unity
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	French M Garbrell			Father's Birthplace	Unity
Mother's Maiden Name	Margaret J Townsend			Mother's Birthplace	Brooksville
Name of person giving information	Hugh C Townsend			How related to deceased	nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Pathosis</i>	How long	4 Months
Immediate	<i>Tubercular Meningitis</i>	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>H. G. Skinner</i>
		Address	<i>Unity</i>
Accident or Suicide?			



Name
in
Full

Louaretta Graham

CERTIFICATE OF DEATH

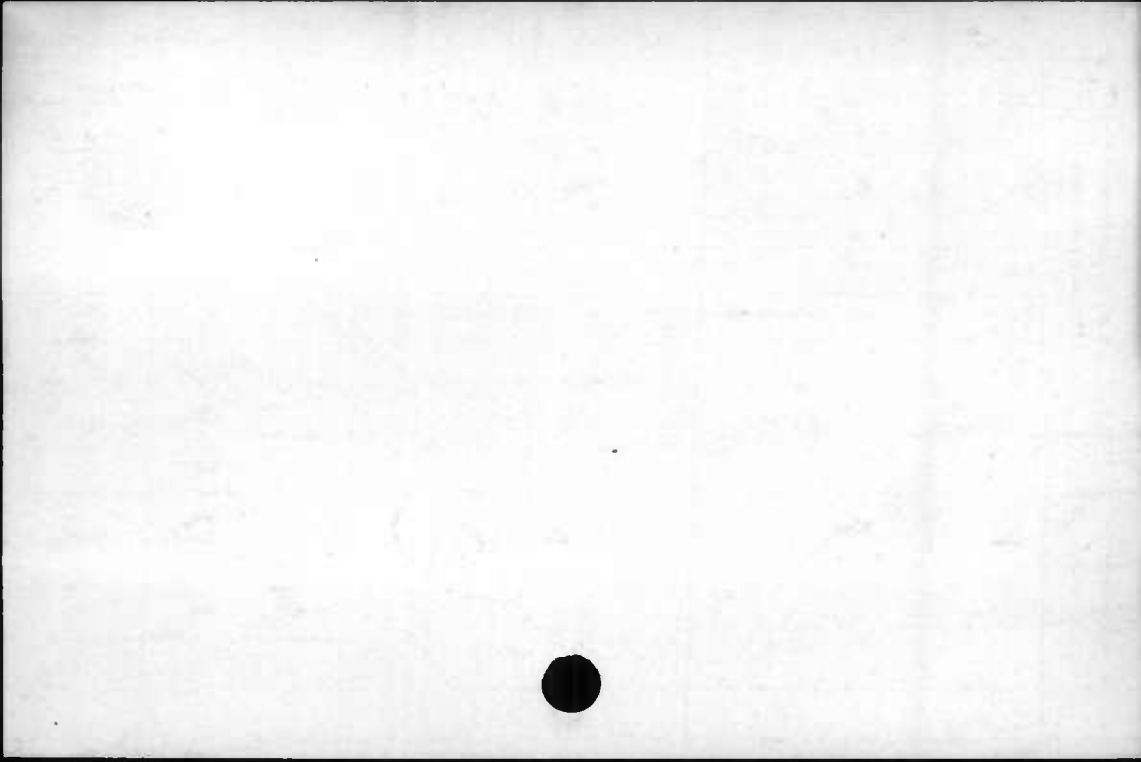
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>August</i>	Day <i>18</i>	Age <i>1</i>	Months <i>5</i>	Days
Sex <i>female</i>		Color or Race <i>negro</i>		Birth-place <i>Martinsburg</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>				Father's Birthplace	
Mother's Maiden Name <i>Lizzie Graham</i>				Mother's Birthplace <i>Martinsburg</i>	
Name of person giving information <i>Lewis Brooks</i>				How related to deceased <i>none</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Pratt sub-reg</i>
	Address <i>Polisville Md</i>
Accident or Suicide?	



Name

in
Full

Alton Winston Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

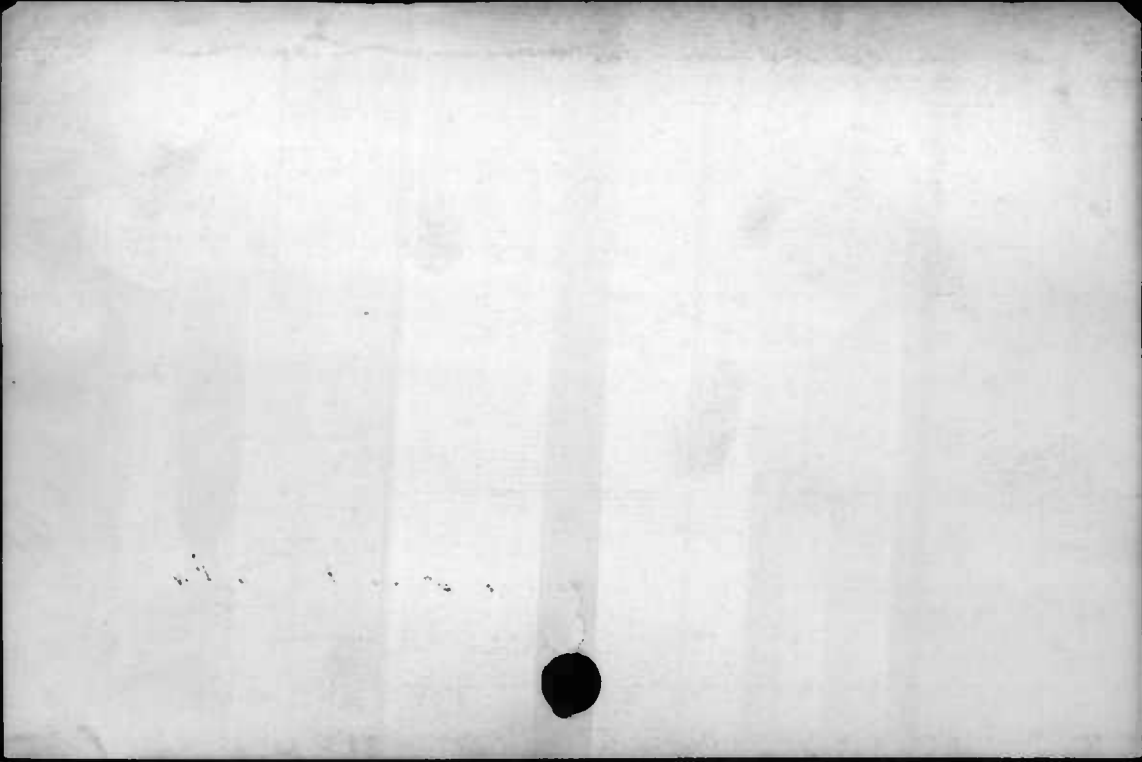
Died at <i>near Daytonville</i>		Town <i>Daytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1906	Month	<i>Aug</i>	Day	27	Age	2
Sex	Male		Color or Race	white		Months	2
Occupation	-		Birthplace	Montgomery Co			
Where Residing if not at place of death				-			
Married, Single or Widowed				-			
Name of Wife or Husband				-			
Father's Name				Lewis J Gray			
Father's Birthplace				Lynch Co. Va			
Mother's Maiden Name				Allie Evelyn			
Mother's Birthplace				Montgomery Co			
Name of person giving information				Lewis J Gray			
How related to deceased				Father			

CAUSES OF DEATH

(106)

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>3 weeks</i>
Immediate	<i>General Exhaustion</i>	How long	-
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>W. H. Dyeow M.D.</i>	
Address		<i>Daytonville Md</i>	
Accident or Suicide?			



Name
in
Full

Anna Rosa Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Potomac		County Montg.		MARYLAND	
Date of death 1906	Month Aug	Day 3	Age —	Months 7	Days 19
Sex Female	Color or Race White		Birth- place Montg Co. Md.		
Occupation Child		Where Residing if not at place of death X			
Married, Single or Widowed Single	Name of Wife or Husband X				
Father's Name Louis J Gray			Father's Birthplace Va		
Mother's Maiden Name Mary E. Evelyn			Mother's Birthplace Montg Co. Md.		
Name of person giving In formation Mary E. Evelyn			How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum	How long 24 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. J. Pratt
Yes	Address Potomac
Accident or Suicide? X	Md.

501



Name
in
Full

CERTIFICATE OF DEATH

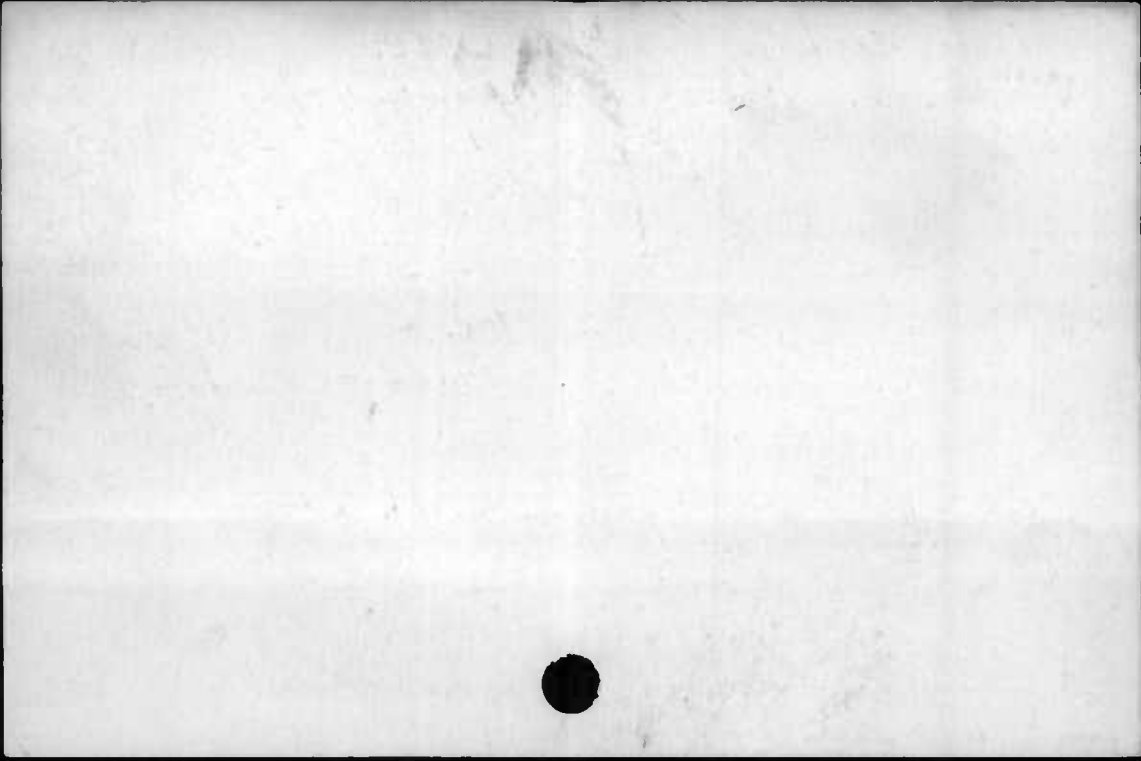
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edward Wm Hanshaw</i>		Town <i>Germanstown</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Germanstown</i>		Month <i>8</i>		Day <i>2</i>		Years <i>1</i>	
Date of death <i>1904</i>		Age <i>1</i>		Months <i>3</i>		Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>U.C.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Washington U.C.</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward W Hanshaw</i>		Father's Birthplace <i>U.C.</i>					
Mother's Maiden Name <i>Kata Calista Berwa</i>		Mother's Birthplace <i>U.C.</i>					
Name of person giving information <i>Mrs Hanshaw</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dentition</i>	How long <i>3 Weeks</i>
Immediate <i>Enterocolitis</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Simons</i>
	Address <i>Germanstown</i>
Accident or Suicide? <i>—</i>	<i>U.C.</i>



Name in Full **Dr. James M. Hendree Harrison**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington Grove</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>August</i>	Day <i>17</i>	Age <i>56</i>	Years	Months <i>1</i>	Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Belleville Ill.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Physician</i>					
Name of Wife or Husband <i>Evelyn J.</i>							
Father's Name <i>Mrs M. Harrison</i>				Father's Birthplace <i>N. Carolina</i>			
Mother's Maiden Name <i>Jane J. Granger</i>				Mother's Birthplace <i>Conn.</i>			
Name of person giving information <i>Mrs Robt E. Cook.</i>				How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>64</i> years
Immediate	<i>Cerebral apoplexy</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>George E. Lewis M.D.</i>	
		Address <i>Rickville, Md.</i>	
Accident or Suicide?			

THE UNIVERSITY OF CHICAGO PRESS



Name
in
Full

Annie E. Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

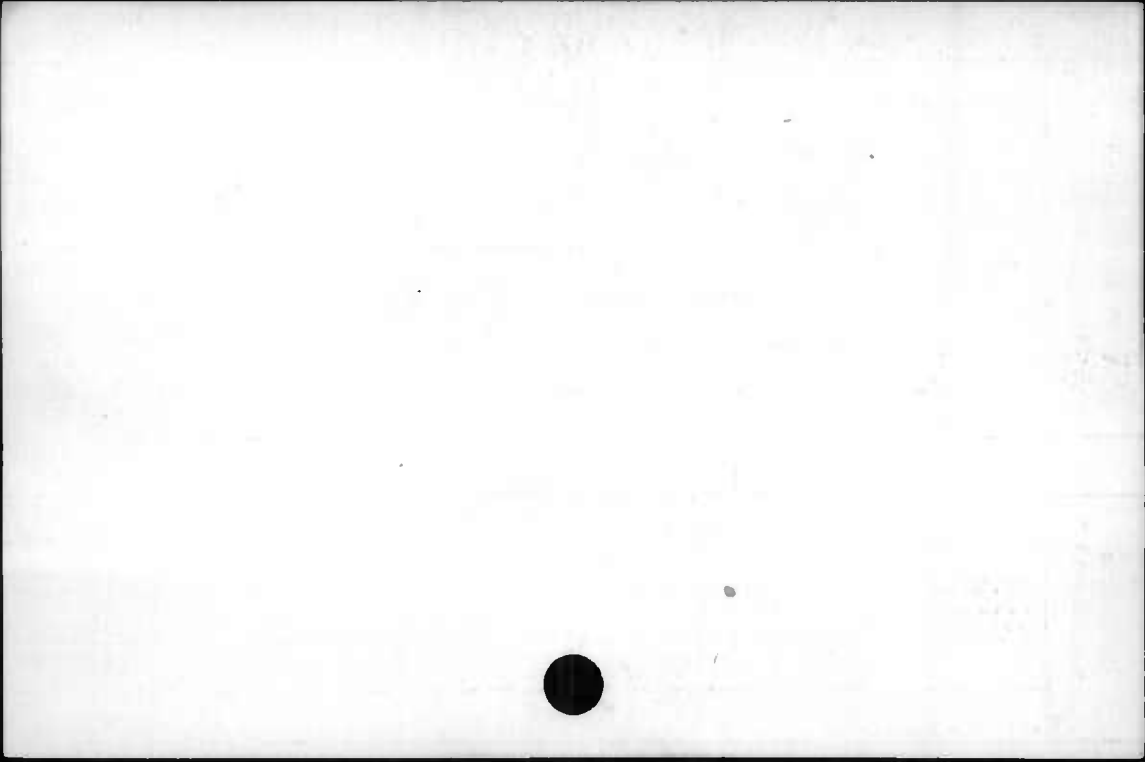
MARYLAND

Died at <u>Martinsburg</u> ^{Town}		<u>Montgomery</u> ^{County}			
Date of death <u>1906</u>	<u>Aug</u> ^{Month}	<u>10</u> ^{Day}	<u>27</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birthplace <u>Martinsburg</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>William A. Hood</u>				
Father's Name <u>Jacob Beatis</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Annie Beatis</u>	Mother's Birthplace <u>md</u>				
Name of person giving Information <u></u>			How related to deceased <u></u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute indigestion</u>	How long <u>4 days</u>
Immediate <u>Peritonitis</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u></u>	Signature of Physician <u>B. W. Walling</u>
	Address <u>Proctorville, Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

Raphael T. Jarboe

CERTIFICATE OF DEATH

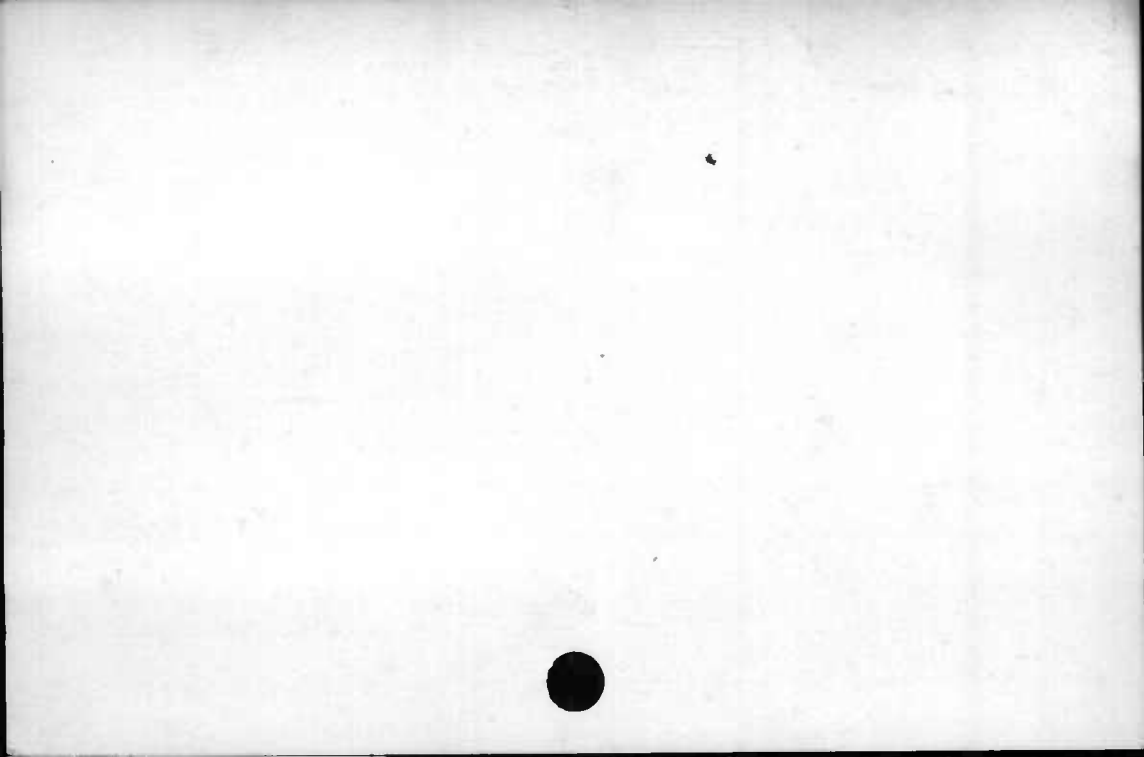
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Travilah</u> <small>Town</small>		<u>Montgomery Co</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>aug.</u> <small>Day</small> <u>25</u>	Age <u>70</u> <small>Years</small>		Months <u>3</u> <small>Days</small>		
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Frederick Co. Md</u>			
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, <u>Single</u> <small>or Widowed</small>		Name of Wife <u>Ellen Jarboe</u> <small>Husband</small>			
Father's Name <u>Samuel Jarboe</u>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <u>H. a Waters</u>		How related to deceased <u>Friend</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Indigestion</u>	How long <u>Eight or ten years</u>
Immediate <u>Angina Pectoris (supposed)</u>	How long <u>a few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes -</u>	Signature of Physician <u>Dr. H. H. House, M.D.</u>
<u>very peculiar man</u>	Address <u>Darnestown Md</u>
Accident or Suicide?	<u>I saw him after death</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Jerry Kane
Died at ^{Town} *Gardola Park* ^{County} *Montgomery*
Date of death ^{Month} *Aug* ^{Day} *12* ^{Years} *65* ^{Months} *—* ^{Days} *—*
Sex *Male* Color or Race *Negro* Birth-place *Va*
Occupation *none* Where Residing if not at place of death *—*

~~Married, Single~~
or Widowed

Name of Wife or
Husband*Dont know*Father's
Name*Dont know*Father's
Birthplace*Va*Mother's
Maiden Name*" "*Mother's
Birthplace*Va*Name of person giving
Information*W. L. Kane*How related
to deceased*son*

CAUSES OF DEATH

Primary

Bright's disease

How long

5 yrs

Immediate

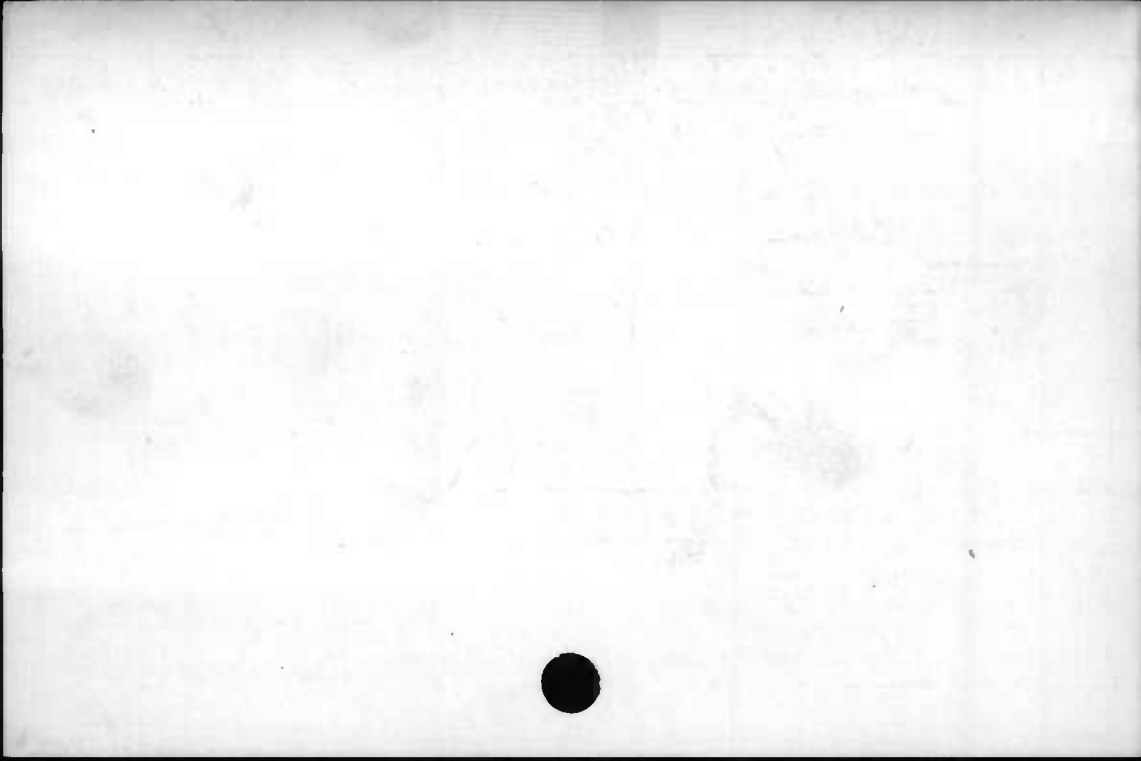
Diarrhea

How long

*2 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. L. Lewis*

Address

*Kensington**Md*Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

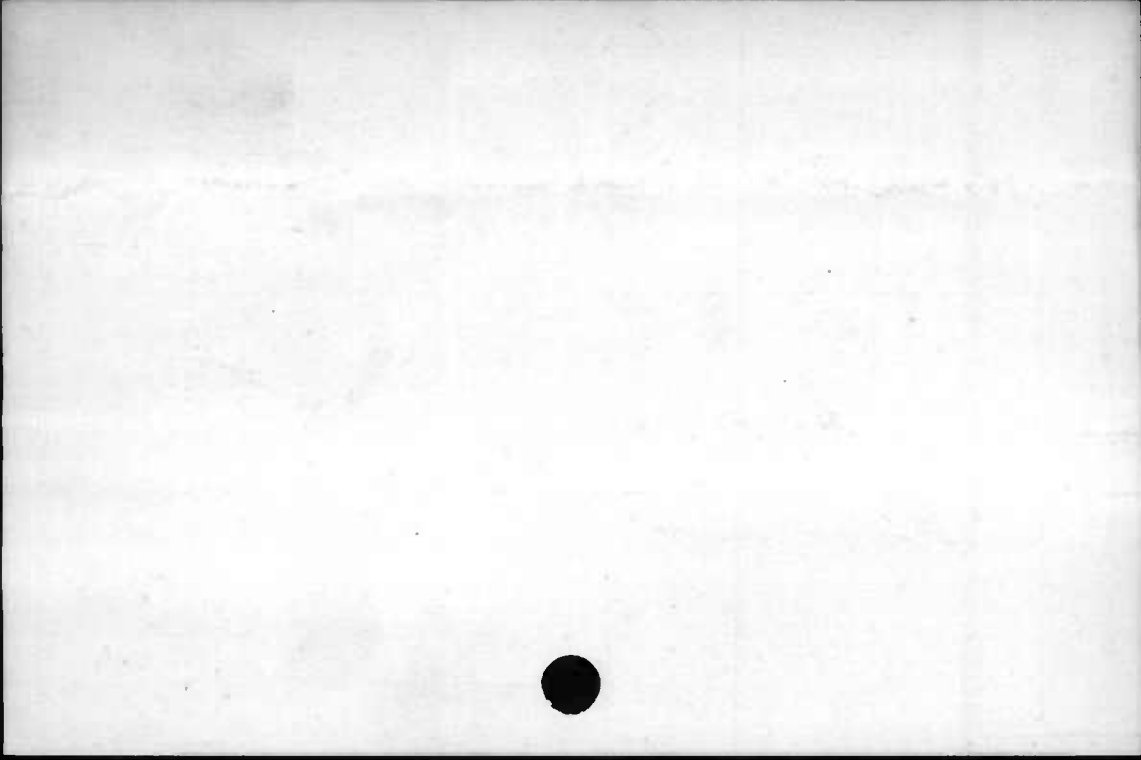
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barnesville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1906	Month	August	Day	24
Age	40	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	Barnesville
Occupation	Housewife				
Where Residing if not at place of death	—				
Married, Single	Married		Name of Wife or Husband	Jas Lee	
Father's Name	Isaac Owens		Father's Birthplace	Montgomery Co	
Mother's Maiden Name	Not known		Mother's Birthplace	(116)	
Name of person giving information	Louisa Diggins		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pleuritis	How long	four weeks
Immediate	Cholera Morbus	How long	one day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Stonestreet
	Barnesville	Address	Maryland
Accident or Suicide?			



Name
in
Full

Charles H Lewis


CERTIFICATE OF DEATH

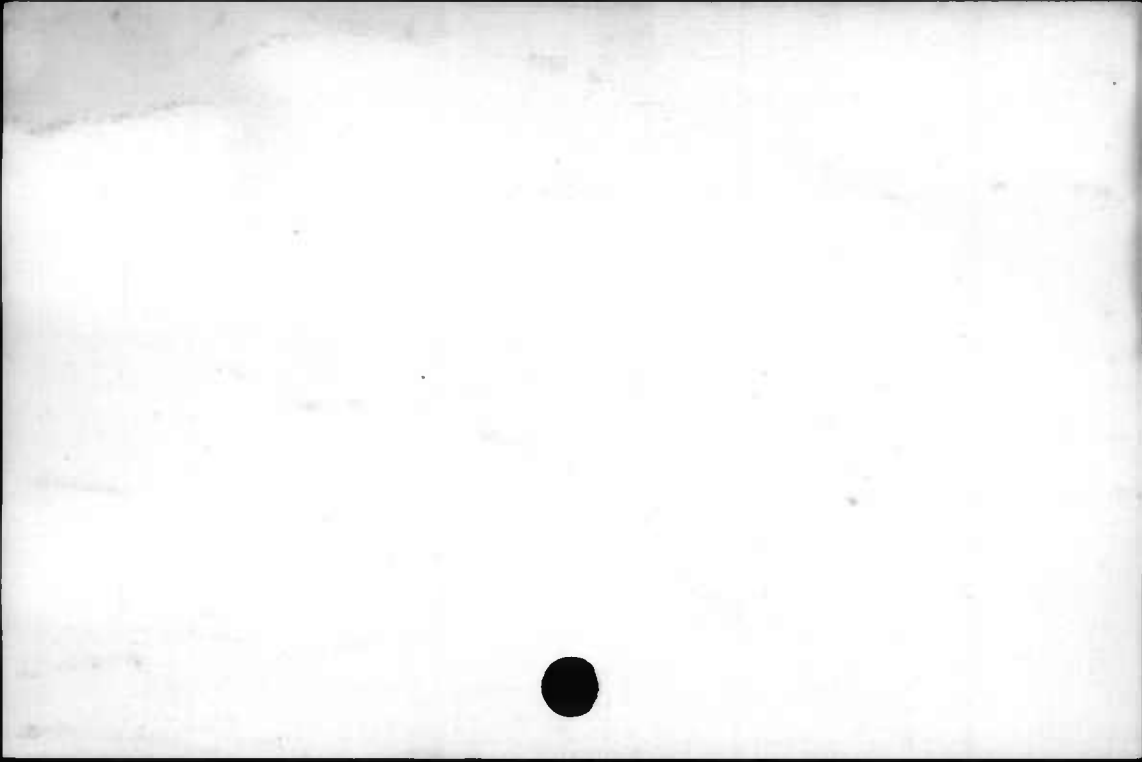
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Damascus</i>			County <i>Montgomery</i>			MARYLAND		
Date of death <i>1906</i>	Month <i>8</i>	Day <i>15</i>	Years <i>43</i>	Months		Days		
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Damascus</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edna Lewis</i>						
Father's Name <i>Osbert Lewis</i>				Father's Birthplace <i>Montgomery Co</i>				
Mother's Maiden Name <i>Senie King</i>				Mother's Birthplace <i>Montgomery Co</i>				
Name of person giving information <i>William Lewis</i>				How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>		How long <i>22 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Raymond Foul-</i>	
	Address <i>Kempston Md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

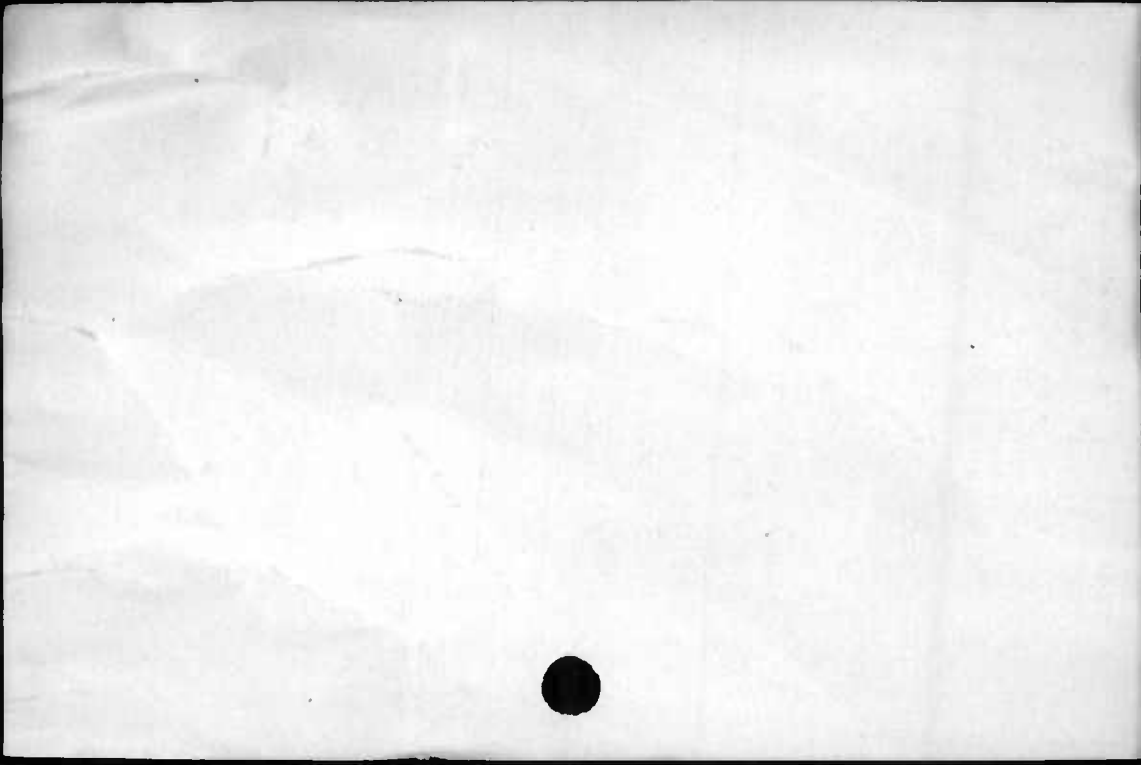
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edna L Martin</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Rockville</i>		Month <i>8</i>		Day <i>18</i>		Age <i>6</i> Years <i>14</i> Months <i>14</i> Days	
Date of death <i>1906</i>		Month <i>8</i>		Day <i>18</i>		Age <i>6</i> Years <i>14</i> Months <i>14</i> Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Harrison Adams</i>				Fether's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Gertrude Martin</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Gertrude Martin</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>		<i>105</i>	How long <i>Four months</i>	
Immediate <i>Diarrhea</i>			How long <i>Four days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>		
		Address <i>Rockville, Md.</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Remus H. Miles,

Town

County

Died at *Burtonsville*

Montgomery

MARYLAND

Date of death *1906 August*

Day *29*

Age

Years

18

Months

4

Days

3

Sex

Male

Color or Race

White

Birthplace

Maryland

Occupation

Officer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Sarah Francis Miles

Father's Name

Nathan Miles

Father's Birthplace

Maryland

Mother's Maiden Name

Don't know

Mother's Birthplace

Maryland

Name of person giving information

Remus H. Miles

How related to deceased

Son

CAUSES OF DEATH

Primary

Acute Catarrhal Gastro-Enteritis

How long

Two weeks

Immediate

Exhaustion

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. Wilson James

Address

Burtonsville

Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jon Fisher & Chair

Same as

Name in Full		R. Granville Mullinix				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Baltimore City				
	Date of death	1906	Month	8	Day	17	Age
					Years	43	Months
						X	Days
						X	
	Sex	Male		Color or Race	White		Birthplace
							Montgomery Co
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband Mrs Mary Mullinix			
Father's Name		William A Mullinix				Father's Birthplace	
						Mont Co	
Mother's Maiden Name		Elizabeth - Roman				Mother's Birthplace	
						Md	
Name of person giving information		Herbert - Day				How related to deceased	
						Nephew	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		" Appendicitis "				How long
	Immediate		Abscess				How long
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Bery F Ramsdall	
				Address		Damascus Md	
Accident or Suicide?							



Name
in
Full

Cartton E. Oland.

CERTIFICATE OF DEATH

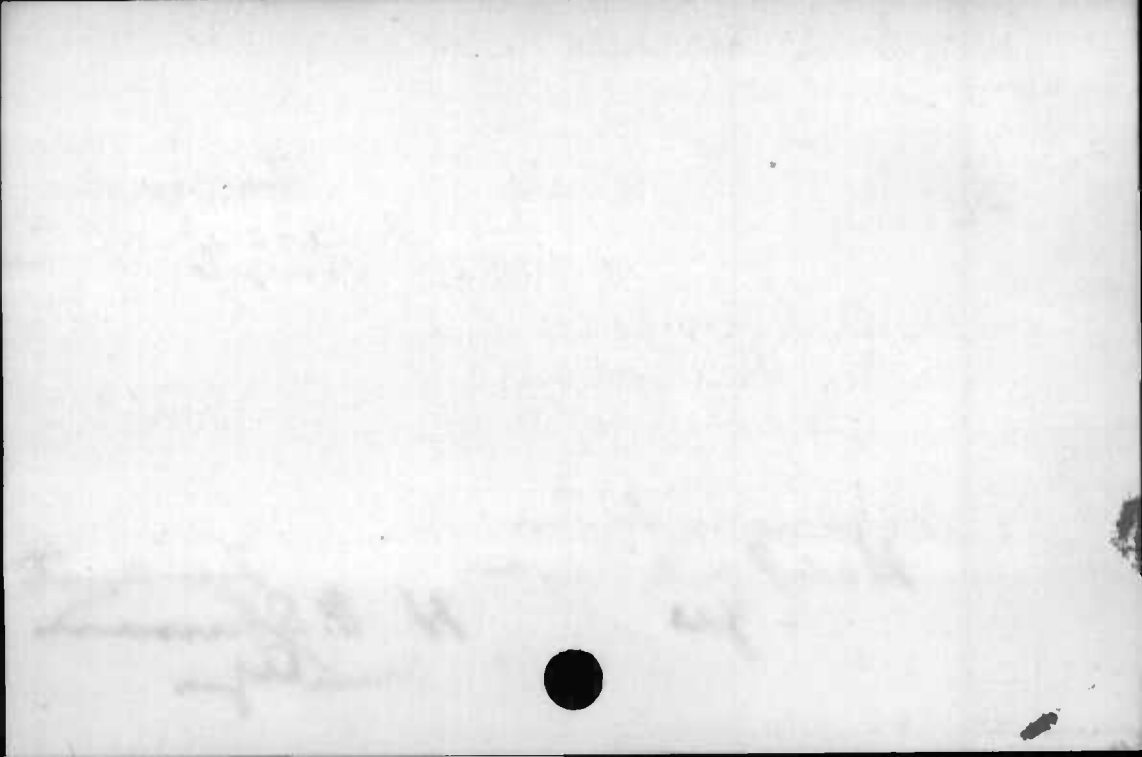
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brooksville,</i>		County <i>Montgomery,</i>		MARYLAND	
Date of death	1906	Month <i>Aug.</i>	Day <i>7</i>	Age	Years <i>3-7</i>	Months <i>7</i>	Days <i>13-</i>
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Fredrick, Co.,</i>
Occupation	<i>Farming.</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Margaret A. Oland.</i>			
Father's Name	<i>Fredrick H. A. Oland.</i>					Father's Birthplace	<i>Germany.</i>
Mother's Maiden Name	<i>Mary A. E. Schaffer.</i>					Mother's Birthplace	<i>Maryland.</i>
Name of person giving information	<i>Mrs F. B. Childs.</i>					How related to deceased	<i>Friend.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>over exertion</i>	How long	
Immediate	<i>Heart Failure</i>	How long	<i>Ten minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. B. Skurman</i>
		Address	<i>unity</i>
Accident or Suicide?			



Name
in
Full

Edmund Brackett Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Baithersburg		Mondg		MARYLAND	
Date		Month		Day		Years	
of death		1906		Aug		9	
Sex		Male		Color or Race		White	
Occupation				Where Residing if not at place of death		Baithersburg	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		W. D. Robertson		Father's Birthplace		Va	
Mother's Maiden Name		R. R. Armiss		Mother's Birthplace		Md	
Name of person giving information		W. D. Robertson		How related to deceased		Father	

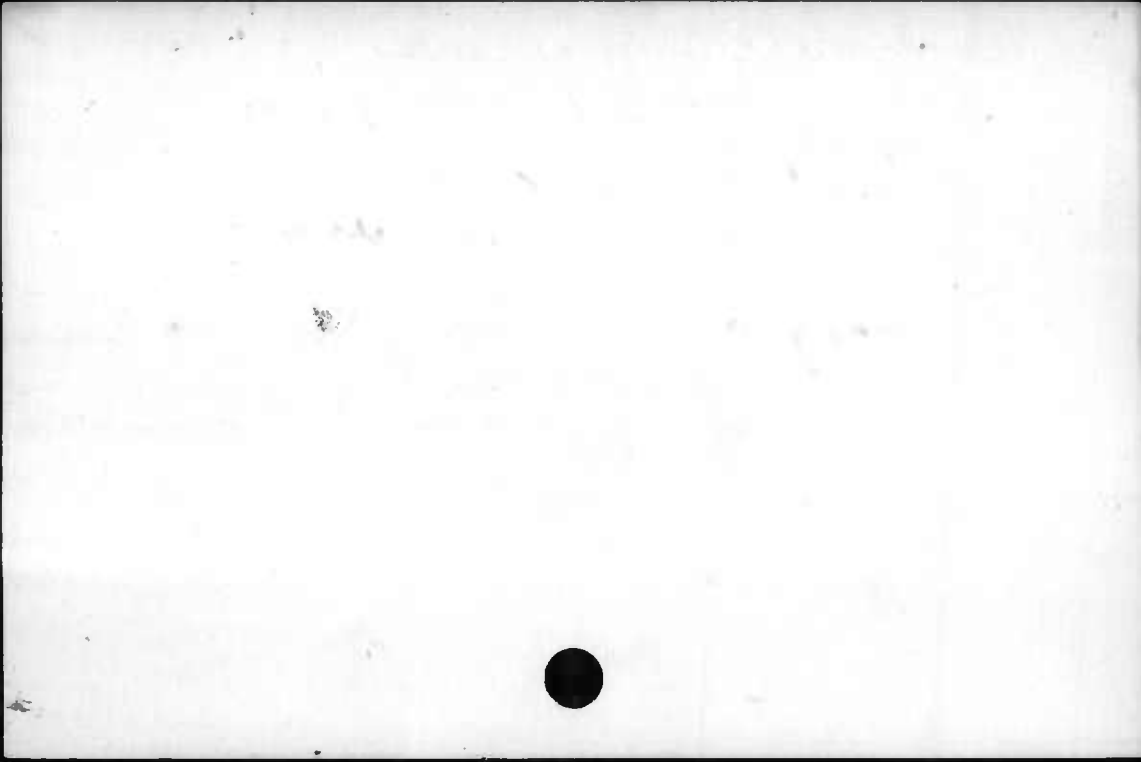
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. H. Etchison M.D.
		Address	Baithersburg Md.
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cherry Chase</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>
	Date of death <i>1906 Aug 16</i>	Month <i>Aug</i>	Day <i>16</i>	Age <i>38</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>D.C.</i>		
	Occupation <i>Architect</i>	Where Residing if not at place of death <i>Same</i>			
	Married, Single or Widowed <input checked="" type="checkbox"/> Married	Name of Wife or Husband <i>✓</i>			
	Father's Name <i>Henry S. Sherman</i>	Father's Birthplace <i>D.C.</i>			
	Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace			
Name of person giving information <i>A. H. Emmerson</i>	How related to deceased <i>none</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>(90)</i>			How long
	Immediate <i>Paralysis of Heart</i>				How long <i>few min</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>			
		Address <i>Rosemont</i>			
	Accident or Suicide? <i>no</i>				



Name
in
Full

Raymond C Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Emory Grove <small>Town</small>		Montg <small>County</small>		MARYLAND	
Date of death	1906	Month 8	Day 28	Age 0	Years 4 Months 14 Days
Sex Male	Color or Race Colored		Birth-place Washington		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name Dont know			Father's Birthplace Dont know		
Mother's Maiden Name Margie Steward			Mother's Birthplace Ind		
Name of person giving information Harriett Steward			How related to deceased Grandmother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Meningitis (6)	How long 3 days
Immediate Exhaustion	How long 1 day
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. B. Elkhorn
	Address Fairfaxburg
Accident or Suicide?	



Name
in
Full

Wallace Mc. Kinley Warfield

CERTIFICATE OF DEATH

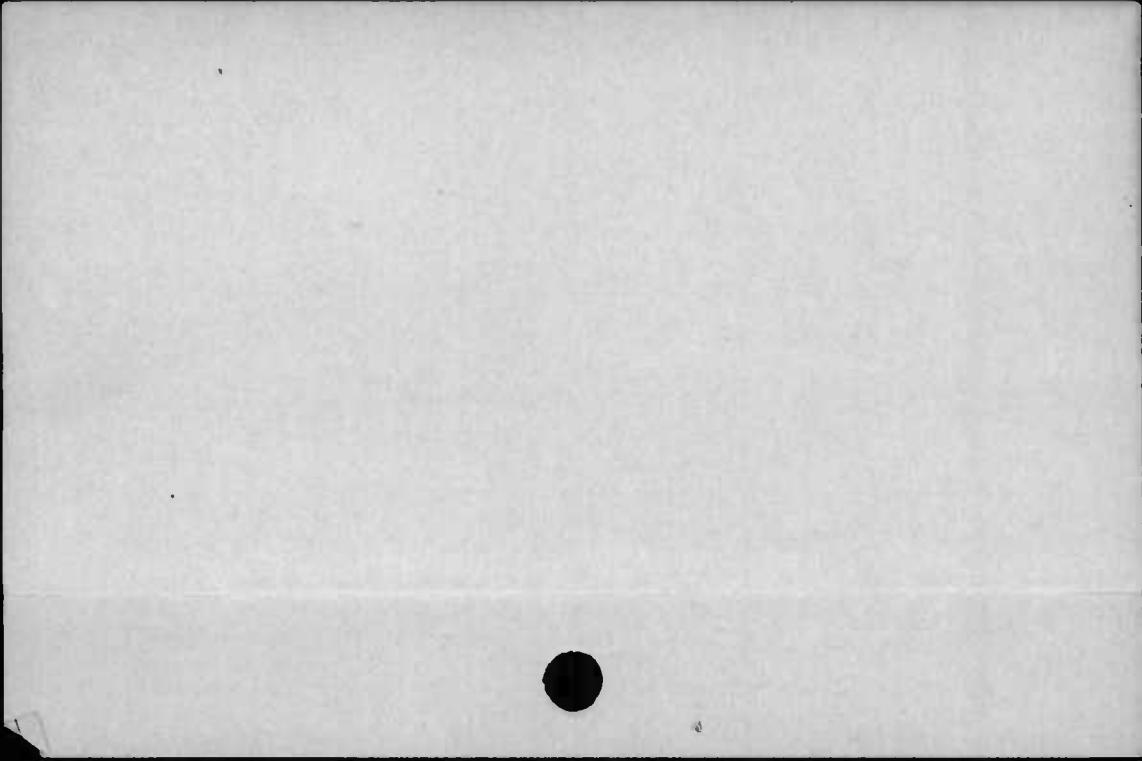
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Norbeck</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	1906	Month	August	Day	14th
Age		Years	Nine	Months	Eleven
Sex	Male	Color or Race	Colored	Birthplace	Montg. Co. Md.
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		Robert Warfield			
		How related to deceased			
		Father by marriage			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles and Tuberculosis</i>	How long	<i>About one month</i>
Immediate	<i>Typhoid Fever</i>	How long	<i>About two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>Leaac Farguhar</i>
		Address	<i>Whrey, Md.</i>
Accident or Suicide?			



Name
in
Full

Birdie Elizabeth Warren

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

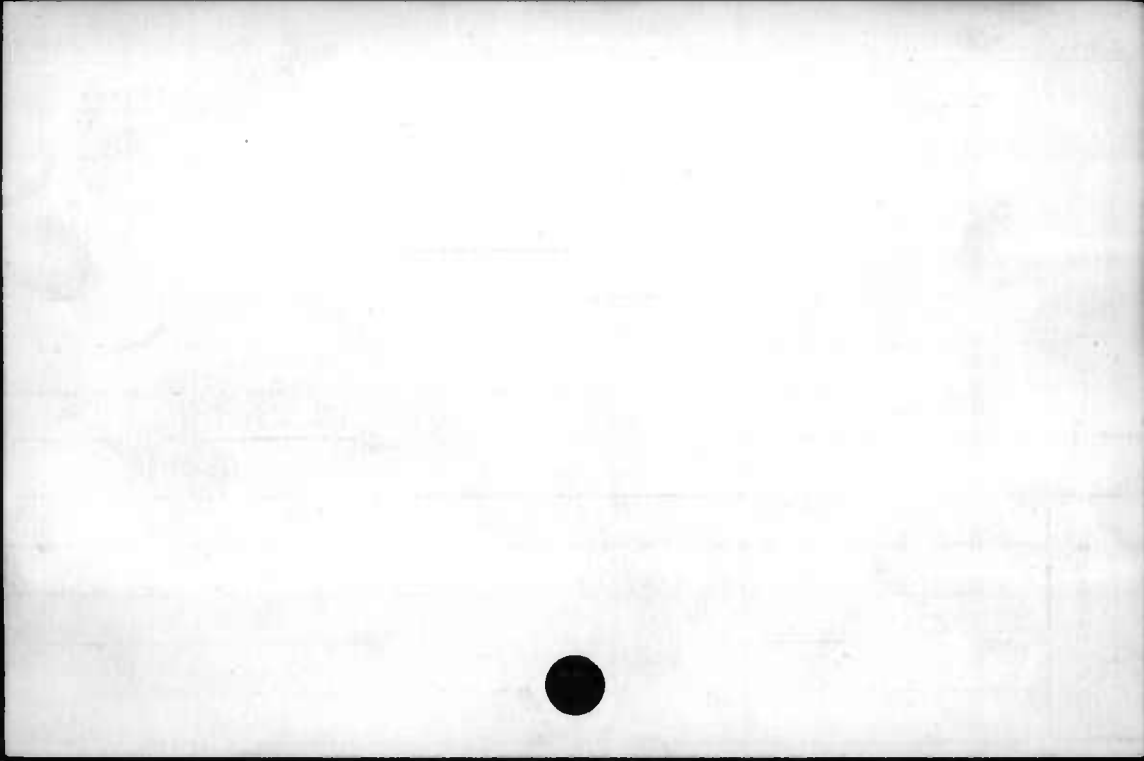
MARYLAND

Died at <i>Martinsburg</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>			
Date of death <i>1906</i>	<i>Aug</i> <small>Month</small>	<i>7</i> <small>Day</small>	<i>4</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Martinsburg, W. Va.</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Iquaticus Warren</i>			Father's Birthplace <i>Martinsburg, W. Va.</i>		
Mother's Maiden Name <i>Mollie Brooks</i>			Mother's Birthplace <i>Martinsburg, W. Va.</i>		
Name of person giving Information <i>Iquaticus Warren</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>		How long <i>3 weeks</i>
Immediate <i>Uremia</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. W. Walling</i>
		Address <i>Polesville, W. Va.</i>
Accident or Suicide?		



Name
in
Full

Laurence Warren


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town <i>Germantown</i>		County <i>Montg</i>		MARYLAND	
Date of death	1906	Month 8	Day 12	Age 4	Years Months Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birthplace <i>Germantown</i>		
Occupation —			Where Residing If not at place of death —		
Married, Single or Widowed —			Name of Wife or Husband —		
Father's Name <i>Patrick Warren</i>			Father's Birthplace <i>Montg Co. Md</i>		
Mother's Maiden Name <i>Ellen Doyle</i>			Mother's Birthplace <i>Montg Co. Md</i>		
Name of person giving information <i>Physician</i>			How related to deceased <i>4</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis with dysentery</i>	How long <i>4 wks</i>
Immediate <i>Convulsion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. D. House M.D.</i>
	Address 
Accident or Suicide?	

